

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9074

843

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 843	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (If in place) about 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 1523 Cherry St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 237 St. Joseph's				d. STREET ADDRESS (If rural, give location) 1523 Cherry St			
3. NAME OF DECEASED (Type or Print) a. (First) Norman		b. (Middle) Wallace		c. (Last) Wallace		4. DATE OF DEATH (Month) Jan (Day) 16 (Year) 50	
5. SEX male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 14, 1916	
9. AGE (In years last birthday) 33		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Hilroy Wallace		13b. MOTHER'S MAIDEN NAME Minnie Franklin		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, if unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-12-0086		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernice Ball - 2504 Nabash			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Shock & Hemorrhage Antecedent Causes Morbid conditions, if any, leading rise to the above cause (a) stating the underlying cause last. Left chest DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 330 2nd Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.		21d. HOW DID INJURY OCCUR? Sunshot wound	
21d. TIME OF INJURY (Month) (Day) (Year) 2/16/1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Thos. A. Jones		(Degree or title) M.D.		23b. ADDRESS 1612 E 12th St		23c. DATE SIGNED 2/17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-23-50		24c. NAME OF CEMETERY OR CREMATORY West Lawn		24d. LOCATION (City, town, or county) (State) Kansas City Kansas	
DATE REC'D BY LOCAL REG. 2-23-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Bills		ADDRESS 1212 Vine R.C. Mo.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.